Mass General Brigham
Health Plan

Ocular Disorders: Avastin, Beovu, Byooviz, Cimerli, Eylea, Eylea HD, Lucentis, Pavblu, Susvimo, Vabysmo, Visudyne Effective 06/01/2025

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview

FDA-Approved Indications

Drug Name	Neovascular (wet) AMD	Macular edema following RVO	mCNV	DME	DR	ROP	Subfoveal choroidal neovascularization due to AMD, pathologic myopia or presumed histoplasmosis
Preferred Products							
Eylea (aflibercept)	x	x		x	x	x	
Lucentis (ranibizumab)	x	x	x	x	x		
Nonpreferred Products							
Beovu (brolucizumab-dbll)	x			x			
Byooviz (ranibizumab-nuna)	x	x	x				
Cimerli (ranibizumab-eqrn)	x	x	x	x	x		
Eylea HD (aflibercept)	x			x	x		
Pavblu (aflibercept-ayyh)	x	x		x	x		
Susvimo (ranibizumab)	x*			x*			
Vabysmo (faricimab-svoa)	x	x		x			
Visudyne (verteporfin)							x

AMD = age-related macular degeneration; DME = diabetic macular edema; DR = diabetic retinopathy; mCNV = myopic choroidal neovascularization; ROP = retinopathy of prematurity

*Susvimo is indicated for the treatment of neovascular (wet) age-related macular degeneration and diabetic macular edema in patients who have previously responded to at least two intravitreal injections of a vascular endothelial growth factor (VEGF) inhibitor.

Avastin is a vascular endothelial growth factor (VEGF) inhibitor recommended by the American Academy of Ophthalmology Preferred Practice guidelines as first-line therapy for treatment of neovascular age-related macular degeneration (AMD). It is also used in the management of macular edema following retinal vein occlusion (RVO), diabetic macular edema (DME), diabetic retinopathy (DR), choroidal retinal neovascularization secondary to myopia, and retinopathy of prematurity (ROP). It is also considered a preferred product on the formulary.

NOTE: Avastin prescribed as an oncology therapy is under a separate document

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met:

Preferred Products
Avastin (bevacizumab)
1. Member has one of the following diagnoses:
    a. Neovascular (wet) age-related macular degeneration (AMD)
    b. Macular edema following retinal vein occlusion (RVO)
    c. Diabetic macular edema (DME)
    d. Diabetic retinopathy (DR)
    e. Myopic choroidal neovascularization (mCNV)
    f. Retinopathy of prematurity (ROP)

Eylea (aflibercept)
1. Member has one of the following diagnoses:
    a. Neovascular (wet) age-related macular degeneration (AMD)
    b. Macular edema following retinal vein occlusion (RVO)
    c. Diabetic macular edema (DME)
    d. Diabetic retinopathy (DR)
    e. Retinopathy of prematurity (ROP)

Lucentis (ranibizumab)
1. Member has one of the following diagnoses:
    a. Neovascular (wet) age-related macular degeneration (AMD)
    b. Macular edema following retinal vein occlusion (RVO)
    c. Diabetic macular edema (DME)
    d. Diabetic retinopathy (DR)
    e. Myopic choroidal neovascularization (mCNV)

Nonpreferred Products

Beovu (brolucizumab-dbll)

1. Member meets ONE of the following:
    a. Member meets BOTH of the following:
        i. Diagnosis of neovascular (wet) age-related macular degeneration (AMD)
        ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:
            1. Avastin
            2. Eylea
            3. Lucentis
    b. Member meets BOTH of the following:
        i. Diagnosis of diabetic macular edema
        ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:
            1. Avastin
            2. Eylea
            3. Lucentis

Eylea HD (aflibercept)

1. Member meets ONE of the following:
        i. Member meets BOTH of the following:
            1. Diagnosis of neovascular (wet) age-related degeneration (AMD)
            2. Inadequate response, adverse reaction, or contraindication to ONE of the following:
                a. Avastin
                b. Eylea
                c. Lucentis
        ii. Member meets BOTH of the following:
            1. Diagnosis of diabetic macular edema (DME)
            2. Inadequate response, adverse reaction, or contraindication to ONE of the following:
                a. Avastin
                b. Eylea
                c. Lucentis
        iii. Members meets BOTH of the following:
            1. Diagnosis of diabetic retinopathy (DR)
            2. Inadequate response, adverse reaction, or contraindication to ONE of the following:
                a. Avastin
                b. Eylea
                c. Lucentis

Pavblu (aflibercept-ayyh)

1. Member meets ONE of the following:
    a. Member meets BOTH of the following:
        i. Diagnosis of neovascular (wet) age-related macular degeneration (AMD)
        ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:
            1. Avastin
            2. Eylea
            3. Lucentis

b. Member meets BOTH of the following:
    i. Diagnosis of macular edema following retinal vein occlusion (RVO)
    ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:
        1. Avastin
        2. Eylea
        3. Lucentis
c. Member meets BOTH of the following:
    i. Diagnosis of diabetic macular edema (DME)
    ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:
        1. Avastin
        2. Eylea
        3. Lucentis
d. Member meets BOTH of the following:
    i. Diagnosis of diabetic retinopathy (DR)
    ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:
        1. Avastin
        2. Eylea
        3. Lucentis

Cimerli (ranibizumab-eqrn)

1. Member meets ONE of the following:
    a. Member meets BOTH of the following:
        i. Diagnosis of neovascular (wet) age-related macular degeneration (AMD)
        ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:
            1. Avastin
            2. Eylea
            3. Lucentis
    b. Member meets BOTH of the following:
        i. Diagnosis of macular edema following retinal vein occlusion (RVO)
        ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:
            1. Avastin
            2. Eylea
            3. Lucentis
    c. Member meets BOTH of the following:
        i. Diagnosis of diabetic macular edema (DME)
        ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:
            1. Avastin
            2. Eylea
            3. Lucentis
    d. Member meets BOTH of the following:
        i. Diagnosis of diabetic retinopathy (DR)
        ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:
            1. Avastin
            2. Eylea
            3. Lucentis
    e. Member meets BOTH of the following:
        i. Diagnosis of myopic choroidal neovascularization (mCNV)
        ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:

1. Avastin
2. Lucentis

Byooviz (ranibizumab-nuna)

1. Member meets ONE of the following:
    a. Member meets BOTH of the following:
        i. Diagnosis of neovascular (wet) age-related macular degeneration (AMD)
        ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:
            1. Avastin
            2. Eylea
            3. Lucentis
    b. Member meets BOTH of the following:
        i. Diagnosis of macular edema following retinal vein occlusion (RVO)
        ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:
            1. Avastin
            2. Eylea
            3. Lucentis
    c. Member meets BOTH of the following:
        i. Diagnosis of myopic choroidal neovascularization (mCNV)
        ii. Inadequate response, adverse reaction, or contraindication to ONE of the following:
            1. Avastin
            2. Lucentis

Susvimo (ranibizumab)

1. Member meets ONE of the following:
    a. Member meets ALL of the following:
        i. Diagnosis of neovascular (wet) age-related macular degeneration (AMD)
        ii. Member has had an Inadequate response, adverse reaction, or contraindication to ONE of the following:
            1. Avastin
            2. Eylea
            3. Lucentis
        iii. Member has responded to at least two intravitreal injections of a VEGF inhibitor
    b. Member meets ALL of the following:
        i. Diagnosis of diabetic macular edema (DME)
        ii. Member has had an inadequate response, adverse reaction or contraindication to ONE of the of the following:
            1. Avastin
            2. Eylea
            3. Lucentis
        iii. Member has responded to at least two intravitreal injections of a VEGF inhibitor

Vabysmo (faricimab-svoa)

1. Member meets ONE of the following:
    a. Member meets ALL of the following:
        i. Diagnosis of neovascular (wet) age-related macular degeneration (AMD)
        ii. Member has had an inadequate response, adverse reaction, or contraindication to ONE of the following:

1. Avastin
2. Eylea
3. Lucentis

b. Member meets ALL of the following:
    i. Diagnosis of macular edema following retinal vein occlusion (RVO)
    ii. Member has had an inadequate response, adverse reaction, or contraindication to ONE of the following:
        1. Avastin
        2. Eylea
        3. Lucentis

c. Member meets ALL of the following:
    i. Diagnosis of diabetic macular edema (DME)
    ii. Member has had an inadequate response, adverse reaction, or contraindication to ONE of the following:
        1. Avastin
        2. Eylea
        3. Lucentis

Visudyne (verteporfin)

1. Member has a diagnosis of classic subfoveal choroidal neovascularization due to age-related macular degeneration, pathologic myopia or presumed ocular histoplasmosis

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Prescriber submits documentation of improvement of member's condition.

Limitations

1. Initial and reauthorization approvals will be for 24 months.

References

1. Avastin (bevacizumab) [prescribing information]. South San Francisco, CA: Genentech; September 2022.
2. Beovu (brolucizumab-dbll) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals, Corp.; July 2024.
3. Byooviz (ranibizumab-nuna) [prescribing information]. Cambridge, MA: Biogen, Inc; October 2023.
4. Cimerli (ranibizumab-eqrn) [prescribing information]. Redwood City, CA: Coherus BioSciences, Inc; June 2024.
5. Eylea (aflibercept) [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals Inc; October 2024.
6. Eylea HD (aflibercept) [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals Inc; October 2024.
7. Lucentis (ranibizumab) [prescribing information]. South San Francisco, CA: Genentech Inc; February 2024.
8. Pavblu (aflibercept-ayyh) [prescribing information]. Thousand Oaks, CA: Amgen, Inc; August 2024.
9. Susvimo (ranibizumab) [prescribing information]. South San Francisco, CA: Genetech, Inc; February 2025.
10. Vabysmo (faricimab) [prescribing information]. South San Francisco, CA: Genentech Inc; July 2024.
11. Visudyne (verteporfin) [prescribing information]. Bridgewater, NJ: Bausch & Lomb Americas Inc.; ; February 2023.

Review History

11/18/2020- Reviewed by P+T and Updated: combined Avastin, Eylea, Lucentis, Macugen & Visudyne criteria to one document; changed Avastin to preferred product, moved all products to medical benefit only.
01/19/2022 – Reviewed and updated for Jan P&T; added new product Susvimo as non-preferred product (requires previous use of Avastin). Effective 04/01/2022
07/20/2022 – Reviewed and Updated for July P&T; added new product Vabysmo as a non-preferred product. References updated. Effective 9/01/2022.
01/11/2023 – Reviewed and Updated for Jan P&T; added new products Byooviz and Cimerli to criteria. Preferred agents are Avastin and Byooviz. Effective 04/01/2023.
09/13/2023 – Reviewed and Updated for Sept P&T; Added new product Eylea HD to criteria. Preferred agents continue to be Avastin and Byooviz. Effective 11/1/2023
03/12/2025 – Reviewed and Updated. Removed Macugen due to product discontinuation. Added Beovu to policy. Updated approval criteria to require specialist prescriber and that member has FDA-approved diagnosis for all agents, except Avastin, which requires compendia-supported diagnosis. Nonpreferred agents require step through with at least one preferred agent approved for the requested FDA-approved indication. Removed the ophthalmologist prescriber requirement. Effective 06/01/2025.